

Fingerprint Authorization Form

(For Wholesalers Only)

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane . Reno, NV 89509

IMPORTANT NOTICE REGARDING FINGERPRINT CARD IN SUPPORT OF PHARMACEUTICAL WHOLESALER'S APPLICATION (new or renewal)

A Nevada law, Nevada Revised Statutes (NRS) 639.500 and 639.505, effective October 1, 2005, requires that certain people within your company must submit their fingerprints to the Board of Pharmacy so that those cards can be sent to the Central Repository for Nevada Records of Criminal History for submission to the FBI.

YOU MUST DO THE FOLLOWING BEFORE WE CAN PROCESS YOUR APPLICATION:

1. You **MUST** submit to the Board's Reno office a complete set of your fingerprints. Please contact your local law enforcement agency to obtain its assistance.
2. You **MUST** sign and date this form and return it to the Board's Reno office at the above address along with the fingerprint cards and a cashier's check or money order in the amount of \$45.00 made payable to the Nevada State Board of Pharmacy.

By signing and dating this notice, I hereby authorize the Nevada State Board of Pharmacy to provide my fingerprint card to the Central Repository for Nevada Records of Criminal History for submission to the FBI for the generation of a report.

Print Name

Date

Original Signature

Board Use Only Received: _____

Amount: _____

Name: _____

License #: _____